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7590

04/14/2004

William H. Francis, Esq. P.O. Box 4390 Troy, MI 48099-4390



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Shirley A.	Langley	(Depositor's name)
Sheriley (	_ 10	(Signature)
07/13/04	00	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/664,113	09/17/2003	Stefano Marchesini	449SC [2630.3024.001]	4724

TITLE OF INVENTION: THROTTLE BODY ASSEMBLY FOR A FUEL INJECTED COMBUSTION ENGINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEI	PUBLICATION FEE	TOTAL FEE(S) D	UE DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/14/2004
EXA	MINER	ART UNIT	CLASS-SUBCLASS		
HUYN	H, HAI H	3747	123-480000	<del></del>	
Change of correspondence address or indication of "Fee Address" (37 R 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or		ising, Ethington, rnes, Kisselle, P.	
	122) www.100.		agent) and the names of up to 2 r	agistared notent	

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Walbro Engine Management, L.L.C.

Tucson, AZ

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. \$1,330.00 \$1660 □ Payment by credit card. Form PTO-2038 is attached for any fee deficiencies □ Publication Fee 300.00 10 (\$30) Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0852 (enclose an extra copy of this form).

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(Authorized Signature) 07/13/04 NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in

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